

# SSVF Priority 1 Community Plan

Date Completed/Revised:

1	1	/	2	1	/	2	0	1	4
Month			Day			Year			

<b>Continuum of Care (CoC) Name: Emergency Services &amp; Homeless Coalition of Jacksonville, Inc.</b>		<b>CoC #:</b> FL 510
<b>CoC Representative:</b> Dawn Gilman		<b>Title:</b> CEO
<b>Phone/Email:</b> (904) 354-1100		
<b>Person Completing this Plan:</b> Marti Johnson		<b>Title:</b> SSVF Program Director
<b>Phone/Email:</b> (904) 354-1100 ext 302		

**1. Primary Planning and Coordination Group:** Identify the primary group responsible for planning and coordinating efforts to prevent and end homelessness among Veterans in the CoC. Identify the principal members of this group and their affiliation.

Primary Group Name:	
Principle Members	Affiliation
Marti Johnson, Bo Matiss, Dawn Gilman, Lauren D'Amico	Emergency Services & Homeless Coalition
Eddie Hall, Elyse Capps	Florida Community Prevention Center
Ron Howell, Mamie McDaniel	North Florida Community Action Agency
Shawn Liu, Wendy Snee	Department of Veteran Affairs
Lawrence Jefferson	Jacksonville Reentry Center
Robyn Andrews	Nassau County Coalition for the Homeless
Brian Snow	Sulzbacher Center

**2. Ongoing Review and Coordination:** Briefly describe how often (e.g., monthly) the above group or a related review/coordination group meets to review Veterans who are homeless, track progress toward re-housing, and coordinate efforts. Include a summary of what information is reviewed during these meetings.

The planning committee met on 11/21 to draft Community Plan. The Community Plan will be put forth to the COC Planning Board for review and be adopted by Jacksonville's Zero 2016 Campaign Committee. This committee is scheduled to convene in December and meet a minimum of once a month throughout the course of the campaign. The SSVF Program Director will track program process on a month basis using the VA Demand Analysis Tool. Reports will be given to Zero 2016 campaign committee on a monthly basis or as requested. Additional details on planning, review, and coordination are to be determined at the initial Zero 2016 committee meeting.

A separate staffing committee meets weekly to manage the community master list of Veterans experiencing homeless. This committee is comprised of COC representatives, local VA, outreach members, and coordinated intake staff. Veterans seeking homeless services are added to the master list, the staffing committee prioritizes and assigns services, and outreach and case managers assist with connecting the client to the appropriate resources.

**3. SSVF Grantees Serving CoC Geography:** Identify each SSVF funded agency serving Veterans in the CoC geography and each SSVF total grant award amount for FY15, including priority 1 ("surge"), 2 (renewals), and 3 (other new) awards. If one agency has

multiple awards, list each separately. Pro-rate a grant award amount if the award covers more than one CoC geography. Include the projected annual number of households each grantee can serve and the total number of households across all grantees.

Grantee Agency Name	Grant Amount	Total Annual Projected Households	Total Annual Projected Households: Rapid Re-Housing	% of Total Households to be Assisted with Rapid Re-Housing
Emergency Services & Homeless Coalition of Jacksonville, Inc. (P3)	\$2,000,000	400	320	80
Emergency Services & Homeless Coalition of Jacksonville, Inc. (P1)	\$1,000,000	300	180	60
Florida Community Prevention Center	\$602,400 (Estimated based on client targets. Agency does not allocate funding per CoC.)	150	90	60
North Florida Community Action Agency	\$435,000	135	81	60
<b>TOTAL</b>	<b>4,037,400</b>	<b>985</b>	<b>671</b>	<b>68%</b>

**4. Annual Demand and Need for Rapid Re-Housing Assistance:** Using the *Veterans Demand Analysis and Progress Tracking Tool* or other demand analysis data agreed to by the primary group above, identify:

- The most recent actual or projected annual unduplicated number of homeless Veterans (on street and/or who access emergency shelter, Safe Havens, or transitional housing, including GPD) in the CoC geography, by household type
- The number of those Veterans who will need rapid re-housing assistance to exit homelessness
- The number of Veterans needing rapid re-housing assistance who are projected to be eligible for SSVF RRH assistance.

	Annual Unduplicated Homeless Veteran Households	Estimated # of Needing RRH (a)	Projected # to be Assisted with SSVF RRH (b)	Projected # to be Assisted with Other RRH (c)	Gap (a-(b+c))
Households without Children	502	420	410	10	0
Households with Children	198	120	110	5	5
<b>Total Homeless Veteran Households</b>	<b>700</b>	<b>540</b>	<b>510</b>	<b>15</b>	<b>5</b>

**5. CoC Goals for Ending Homelessness Among Veterans:** List the CoC's goals for ending Veteran homelessness by the end of 2015 (fill in additional related goals the CoC has determined, if relevant).

**What are the CoC's goals for the estimated number of Veterans, including chronically homeless Veterans, who will be homeless as of the night of the January 2016 PIT Count?**

	All Homeless Veteran Households (including CH)			Chronically Homeless Veteran Households		
	Sheltered	Unsheltered	TOTAL	Sheltered	Unsheltered	TOTAL
Households without Children	5	1	6	3	1	4
Households with Children	2	0	2	0	0	0
<b>Total Households</b>	<b>7</b>	<b>7</b>	<b>8</b>	<b>3</b>	<b>1</b>	<b>4</b>

Has the CoC established other goals related to preventing and ending homelessness among Veterans by the end of 2015? ☒ Yes ☐ No

If "Yes", please describe:

**6. SSVF Integration into CoC Coordinated Assessment System:** Briefly describe how Veterans access SSVF assistance (across all SSVF grantees) via the CoC's coordinated assessment system (e.g., "All Veterans who present to the CoC coordinated

The CoC has committed to reaching "functional zero" for homeless Veterans by December 31, 2015. The CoC is working with Zero 2016 and Org Code to determine the rate of "functional zero" for our community. The CoC also contributes to the management of the master list.

assessment center are screened for their current situation, needs, and SSVF eligibility. Then....). If not yet fully developed, describe your plans and implementation timeframe. Specifically address:

- a) How Veterans who present for shelter are screened and diverted to SSVF homelessness prevention assistance when they have somewhere safe and appropriate to stay that night.
- b) How Veterans who become literally homeless are screened and triaged to SSVF rapid re-housing assistance as soon as possible once it is clear the Veteran is unable to resolve their homelessness without assistance.

The SSVF program served as a pilot for coordinated intake which has since been adopted throughout the three-county area. The SSVF program funds two Veteran Navigators who will serve as Veteran specific access points for coordinated intake. These positions will coordinate with service providers, outreach personnel, and community contacts to quickly assess Veterans for using the VI SPDAT and coordinated intake eligibility engine. Veteran Navigators will also connect households to the Eligibility Screening Specialist who is responsible for generating referrals and initiating services. The Eligibility Screening Specialist is responsible for referring to a variety of programs including SSVF, VA, and other community resources.

Veteran Navigators use a similar process for both diversion and rapid re-housing households. Their first priority is to work with the household to determine suitable overnight arrangements either through their existing support network, emergency shelter, or hotel/motel assistance when available. The SSVF program has a partnership with the largest shelter provider to accommodate Veteran households.

Veterans with minors in the household and unsheltered Veteran households are prioritized for intake. The Eligibility Screening Specialist is responsible for making the necessary program assignments and connecting the Veteran to the case managers.

**7. Long-Term System Improvements:** Briefly describe how the CoC plans to utilize SSVF Priority 1 and all other SSVF funding over the next three years to foster long-term system improvements and optimization so that homelessness is prevented whenever possible and when it does occur, it is rare and brief. Specifically address areas for improvement related to:

- a) Further integrating SSVF assistance into the CoC's planning, oversight processes and coordinated assessment system.
- b) Ensuring comprehensive coordination with VA systems and other VA funded programs.
- c) Improving or establishing partnerships with community-based services and public/private housing providers.

SSVF Funding continues to serve as a catalyst for systematic reform within our continuum. The adoption of coordinated intake has helped to further integrate SSVF within the continuum. All COC PSH placements currently occur through coordinated intake. Once the Veteran Navigators (SSVF) are in place and our HMIS vendor completes necessary programming, SSVF programs, COC Rapid Re-Housing, and ESG Rapid Re-housing will be fully integrated into coordinated intake. This transition will support stronger coordination with COC & VA systems of care. Local VA staff are actively involved in the development and implementation of Coordinated Intake and have also committed to the use of community assessment tool (VI-SPDAT). The Eligibility Screening Specialist and case managers regularly communicate with VA staff, but the implementation of coordinated intake will help systematize these efforts. Our HMIS administrator is also working with the local VA to determine necessary steps to provide VA staff with access to HMIS.

Full implementation of coordinated intake is scheduled for October 2015. This includes all PSH, Rapid Re-housing, Emergency Shelters, Transitional housing, and prevention/diversion programs. The data derived from coordinated intake will drive the development of new partnerships by defining gaps and service and client needs. ESHC will work in coordination with member agencies, local government, and private partners to interpret data and implement appropriate strategies for ending homelessness.

**8. Other Strengths and Challenges:** Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

The planning committee established to develop this plan identified three primary challenges to achieving VA goals; increasing access to affordable housing, increasing access to health care, and increasing access to employment opportunities. The coalition is committed to the advancement of each of these areas as they relate to housing stability.

Additionally, the committee recognized the need for interim housing for households awaiting permanent. In order to reach zero Veteran homelessness, additional temporary housing aside from emergency housing must be identified.